									Application of Docket Number .				
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003										(6)	70	)22	25
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
Ţ	OTAL CLAIMS	:	22					RATE	FEE	1	RATE	FEE ·	
FOR				NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	ОЯ	BASÍC FEE	770.00
T	OTAL CHARGE	CLAIMS	27 minus 20±		. 2			XS 9=	·	OR	X\$18=		
INDEPENDENT CLAIMS				· 3 minus 3 =		· Ø.			X43e		OR	V200	
M	UTIPLE DEPE	NDENT	CLAIMP	RÉSENT				+145=	-	OR			
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL												·	
CLAIMS AS AMENDED - PART II OTHER THAN													
(Country) (Country) (Country)										OR 1	SMALL		
NDMENT A.		REI	MAINING VFTER INDMENT		PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	22	Minus	•	O.	-0		X3 9≥		OR	X\$18-	•
PARE	Independent	• •	J	Minus	••• . [		.0		'X43́=		OR	X86=	
٩	FIRST PRESE	NTATI	ON OF M	JUTIPLE DE	PENDENT	CLAIM		l	. 9.45	<del>-</del>		+290=	•
				• • •			,	- 1	+145=		OR	TOTAL	
•	نه ایریا ه			•				ADOIT FEE	L	OR	ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)												
DMENTO		REL	MANING FTER NOMENT		NUM PREVIO PAID I	ER WSLY	PRESENT - EXTRA		RATE	ADDI- TIONAL FEE.		RATE	ADDI- TIONAL FEE
Ž.	Total	. 0	<u>î</u>	Minus	-2	<u>2                                    </u>	•		XS 9>		OR	X\$(8=	
AME	Indipendent	• 7		Minus ·	3	CLATA	-	П	X43=		OR	X86=	
	renai PRESE	· ·		ici ir Ce UEI	·	- COURT		!	÷.145=		OR	+290=	
-									TOTAL PST TIDO		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)													
2	6-2107	, REM	AMS ARNING FTER		HIGHE NUMB PREVIO	er USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Z Z	.151	AME	THEMON		PAID					FEE			FEE
AMENDHE	Total	• 9	<u> </u>	Minus	رز <u>ک</u> ه.	<u> </u>	•		X2 á=		OR	X\$18=	
Ĭ	Independent	•		Minus	#	لنستا	· <u> </u>	Ιſ	X43•		OR'	X86=	
	FIRST PRESE	NTATIC	IN OF MU	LTIPLE DEF	ENDENT	CLAIM		<b>'</b>	+145=			+290=	<b>一</b>
* If the entry in column 1 is less than the entry in column 2, write "U" in column 1.													
- 2	the "Highest Hun the "Highest Hus	iber Prè	intously Pai	d For IN THE	S SPACE &	less that	20, enter "20."	A	DOTT. FEE		OR ,	ADDIT. FEE	<u> </u>
	he Highest Hurt							r four	nd in the app	iopilate box	in coh	uma t. ,	